



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS**

INDEPENDENT LIVING PARENTAL AGREEMENT

I (We), _____ understand that
Parents(s) / Legal Guardian(s)

_____ is being placed on independent living at
Youth Name

_____ and will be under the supervision of
Address

_____. My (Our), responsibility will be to assist the
Juvenile Parole Officer(s)

Department of Corrections by agreeing to provide medical insurance for the above referenced youth and/or to pay for any medical expenses he/she may incur while on independent living status.

I (We) have read the Juvenile Parole rules the above named youth shall abide by and agree to support the Juvenile Parole Officer(s) to enforce them. If I (we) become aware of any violation this youth may have committed, I (we) will notify the Juvenile Parole Officer at:

Address & Telephone Number

Parent(s) / Legal Guardian(s) Signature(s)

Date

Juvenile Parole Officer(s) Signature(s)

Date

Youth Community Corrections Bureau Chief Signature

Date
